

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X6000

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| Fstablishme | nt Name | | - | | | | | Telephone Number | Date of Ins | spection | PERMIT # | |
|--|--------------|-------|--------------------|-------------|-----------|----------|-------------------------------------|---------------------------------------|---------------------------------------|---------------------|--------------|--|
| Establishment Name | | | | | | | | 812 944 5763 | (mm/dd/yr) | | | |
| Redmy Club Establishment Address (number and street, city, state, zip code) | | | | | | | | 1 | 6/17 | 0/17/2019 18-203 | | |
| ZII E. Main St. Now Alberg, IN 47150 | | | | | | | 212 984 8431 | | | | | |
| Owner | | | | | | | Purpose: | Follow-u | p Releas | se Date | | |
| | | | | | | | | 1. Routine | No | 10 | days | |
| Owner's Address | | | | | | | 2. Follow-up Summary of Violations: | | | | | |
| en en la companya de la companya de La companya de la co | | | | | | | | 3. Complaint | , | | | |
| Person in Charge | | | | | | | | 4. Pre-Operational | C NC \ RQ | | | |
| Jessica Smith | | | | | | | | 5. Temporary | | | | |
| Responsible Person's E-mail | | | | | | | | 6. HACCP | Menu Tyj | pė <i>(See back</i> | of page) | |
| | | | | | | | | 7. Other (list) | | 1 2 3 🗶 4 5 | | |
| Certified Food Manager Lessica Swith (2/5/24) | | | | | | | | - Other (list) | 12 | 3 X _ | _45 | |
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| Section# | C/NC | R | _ | | | _ | ative | | · · · · · · · · · · · · · · · · · · · | To Be Co | orrected By | |
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